

# APPLICATION FOR CERTIFICATE OF FREE SALE (CFS)

## Date Rec'd \_\_\_\_\_

Number of Certificates Requested	Number of Products Per Certificate	Multiply by This Fee	Total
	CFS (3 or less items)	\$50.00	\$
	CFS (4 through 9 items)	\$75.00	\$
	CFS (10 through 25 items)	\$100.00	\$
	G.M.P. Certificate	\$50.00	\$
	CFS that Attests to the Sanitation	\$50.00	\$
	←Total Number of CFS Enclosed	Grand Total→	\$

*Mail completed application form along with check, to the address given above.*

Name of Applicant	Title	
Signature	Date	Telephone Number (      )



**State of New Jersey**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
CONSUMER AND ENVIRONMENTAL HEALTH SERVICES  
PO BOX 369  
TRENTON, N.J. 08625-0369  
[www.nj.gov/health](http://www.nj.gov/health)

**CERTIFICATE OF FREE SALE**

THIS IS TO CERTIFY that an inspection made on \_\_\_\_\_ by a representative of this Department of the sanitary conditions of the \_\_\_\_\_ establishment of \_\_\_\_\_ at \_\_\_\_\_ disclosed that said establishment was in a sanitary condition and was being operated in compliance with the provisions of the laws enforced by this Department.

THIS IS TO FURTHER CERTIFY that the following product(s):

distributed by \_\_\_\_\_, are labeled in compliance with the Food, Drug and Cosmetic Laws of New Jersey and are sold throughout New Jersey and the United State of America.

**BELOW IS FOR STATE USE ONLY**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public of the State of New Jersey**

MY COMMISSION EXPIRES: \_\_\_\_\_.

By \_\_\_\_\_

**NOT VALID UNLESS THE RAISED SEAL OF THE NOTARY PUBLIC NAMED HEREON IS AFFIXED**